



MERCHANTVILLE POLICE DEPARTMENT

APPLICATION FOR BACKGROUND / EMPLOYEMENT

PRINT NAME: Last, First, Middle.
MAILING ADDRESS: Number & Street or R.D. Number, City or Town.
County, State, Zip Code, and Phone Number.

INSTRUCTIONS – Read every question carefully. **Answer every question- leave no question unanswered – if a question does not apply to you, write in the space provided for the answer to the question: “N/A “.** A candidate will be rejected who has intentionally made false statement or practiced or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. This candidate will prepare this form personally. All entries, except the signature, **must be either typed or printed legibly in BLOCK LETTERS.** Printed entries must be made in either **blue or black ink.** If the space available for answering any question is insufficient, use the continuation pages included, and precede each answer with the corresponding letter and number of the question being answered. (e.g. A-3, F-10 etc.)

AN EQUAL OPPORTUNITY EMPLOYER

A. PERSONAL DATA

- ☐ White (Male)
- ☐ White (Female)
- ☐ Black (Male)
- ☐ Black (Female)
- ☐ Hispanic (Male)
- ☐ Hispanic (Female)
- ☐ Asian (Male)
- ☐ Asian (Female)

ATTACH PHOTO HERE

1. Full Name _____
Last Name First Name Middle Name
2. Give any other names you have used or been known by and a statement giving reasons.

3. Place of Birth _____
City State County Zip Code
4. Birth Certificate _____
Number City State Zip Code County
5. Date of Birth _____ Age _____ Sex _____
Month Day Year
- Height _____ Weight _____ Eyes _____ Hair _____
6. Social Security Number _____ State Issued _____
7. Do you wear contact Lenses or glasses? ☐ Yes ☐ No

B. CITIZENSHIP

1. Are you a native born citizen? ☐ Native Born ☐ Naturalized
2. If you are foreign of birth, or are a naturalized citizen, fill in the following:

County of Birth _____

When:	Where:
By Whom:	Wife/Husband's Maiden Name:

Port or place of departure for the United States _____

Date of departure for the United States _____

Port or place of entry into the United States _____

If naturalized citizen, name and address of person who sponsored you on arrival

3. First address after arrival _____

4. How did you obtain citizenship? _____

5. Petition Number Date _____ Court _____

State _____ Certificate Number _____

C. SOCIAL STATUS

1. Are you single, married, separated, divorced or widowed? _____

2. If separated, state reason _____

3. If separated or divorced, what is the present address of that person _____

4. How many times were you legally or voluntarily separated? _____

5. Were you ever divorced or had a marriage annulled? ☐ Yes ☐ No How many times? _____

6. If legally separated, annulled, or divorced, indicate which below, and fill in required information:

<input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Divorced	Date:	Plaintiff:
Where Issued (county or state):	Defendant:	
Reason:		

7. Were you ever the parents of any children, whether alive or deceased? ☐ Yes ☐ No

8. List below every child born to you:

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

10. Are you now supporting all children born to you, including adopted children, stepchildren?
☐ Yes ☐ No

11. Are you obligated by court order to pay support for your children? ☐ Yes ☐ No

12. Is there or has there been issued a judicial order ordering you to pay arrears in child support?

☐ Yes ☐ No If yes, state full details _____

13. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? ☐ Yes ☐ No

If yes, state full details _____

14. Family information- Father, mother, sisters/brothers, spouse, stepfather/stepmother (include maiden name)

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	

Occupation	Name of Employer	Work Number

Name		Relation
Full Address		Phone Number
Occupation	Name of Employer	Work Number

15. List names of three friends and/or associates other than vouchers listed on page 28:

Name		Relation
Full Address		Phone Number
Occupation	Name of Employer	Work Number

Name		Relation
Full Address		Phone Number
Occupation	Name of Employer	Work Number

Name		Relation
Full Address		Phone Number
Occupation	Name of Employer	Work Number

16. Has any member of your family (including in-laws) or member of your household ever been arrested for any reason other than traffic violations, or undergone any type of investigation by any agency , or subpoenaed by any Grand Jury or investigative body. O Yes O No If yes, please explain including the name of the individual, social security number, relationship, date, location, charges and final disposition: _____

17. List name and agency of any relatives employed in law enforcement:

Name	Agency and address (if known)	Phone Number
Name	Agency and address (if known)	Phone Number
Name	Agency and address (if known)	Phone Number

D. RESIDENCE

1. Where do you now reside? _____ Phone No. _____
Number and Street

City County State Zip Code

2. How long have you resided there? _____ With whom do you reside? _____

3. If you reside with someone other than spouse or parents list (including maiden name):

Name Relationship

City County State Zip Code

Social Security Number Date of Birth

4. In chronological order (starting with most recent), list each and every place in which you have resided since birth.

Address	Number/Street (apartment Number)		
Town/City	County	State	Zip Code
From:	To:		

Address	Number/Street (apartment Number)		
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:		To:	

E. EDUCATION

1. List chronologically (most recent dates first) all schools, colleges and training courses you have attended:

School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____

2. What college degree(s) or professional license(s) do you possess? _____

Total credits achieved towards degree _____

3. Other than English, what languages do you:

Speak _____

Understand _____

4. List problems with school, including college (absenteeism, tardiness, poor grades, discipline problems):

School	Date	Problems
School	Date	Problems
School	Date	Problems

5. It is understood that I will immediately forward transcripts from all colleges attended to:

Merchantville Police Department
1 W. Maple Avenue
Merchantville, NJ 08109
Attention: Chief Richard Grassia

(Proper fee must be forwarded to college by the applicant)

Date completed by applicant _____

F. MILITARY SERVICE

1. Have you served in an active military organization of the United States? ☐ Yes ☐ No

2. Have you ever served in a military organization of any foreign government? ☐ Yes ☐ No

If yes, give details _____

3. Give branch of service _____

Military specialty _____

4. Rank held _____ Service Serial Number _____

5. How many periods of active military service have you had (draft, enlistment or recalls to service)? _____

6. Give period of active service:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

7. List all medals and decorations awarded you as a member of the armed forces _____

8. How many discharges or separations from the service were given to you? _____

9. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions)

Be Exact _____

10. Has your discharge or separation notice ever been corrected or changed? ☐ Yes ☐ No

What was the nature of the change? Changed from _____ to _____

11. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

☐ Yes ☐ No Number of times _____

If yes, give details of charges and disposition _____

12. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States, any foreign government, or the National Guard of any state?

☐ Yes ☐ No If yes, state which – active or inactive _____

Branch _____ Regiment _____ Unit _____

Rank _____ Address _____

From _____ To _____

G. SELECTIVE SERVICE

Selective Service Number _____ Last Classification _____

H. EMPLOYMENT

1. Current Employer:

Name/Company	City/ Town	State/Zip	Phone Number
Date Hired	Supervisor		
Duties			

2. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? ☐ Yes ☐ No If yes, give details _____

3. Has your name ever been submitted or used as a trustee, officer or in any capacity, of any labor or trade union, organization or affiliate? O Yes O No If yes give details _____

4. List below **chronologically**, most recent dates first, each and every place you were previously employed. **Omit None. Give correct, full addresses.** Give dates of Idleness between periods of employment in proper sequence. (Include all part-time employment).

From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor		Reason for Leaving

5. Were you ever discharged or asked to resign from employment? ☐ Yes ☐ No

How many times? _____

Give details of discharge or forced resignation below:

Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge

6. Were you ever subjected to disciplinary action in connection with employment?

☐ Yes ☐ No If yes, give details _____

7. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or permit (excluding a driver's license or learner's permit) issued by any governmental agency? ☐ Yes ☐ No If yes, give details _____

Has any such license or permit been revoked, canceled or suspended? ☐ Yes ☐ No

If yes, give details _____

8. Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for or concerning any persons or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? ☐ Yes ☐ No If yes, give details _____

9. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance?

☐ Yes ☐ No Benefit Assistance Given: _____

Local Office _____

Address _____

Give periods: From _____ To _____

From _____ To _____

Have you ever received any allowance to which you were not entitled? ☐ Yes ☐ No

If yes, explain _____

10. Have you made application with any other police organization? ☐ Yes ☐ No

(Where) (When) (Present Status)

(Where) (When) (Present Status)

(Where) (When) (Present Status)

(Where) (When) (Present Status)

Have you ever been rejected by a police department or law enforcement agency for employment?

☐ Yes ☐ No

(Where) (When) (Reason)

11. Are you now or have you ever been a member of any club, society or organization. If yes, list below every such organization.

From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization

I. GENERAL

1. Have you ever petitioned for bankruptcy? ☐ Yes ☐ No If yes, give details _____

2. Have you any loan, debt, garnishment, wage assignment, lien, or judgment pending against you? ☐ Yes ☐ No If yes, give details _____

Type: Loan, Credit Card, Judgment, etc.	Name, Address and Phone Number of Lending Agency			
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.	Name, Address and Phone Number of Lending Agency			
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.	Name, Address and Phone Number of Lending Agency			
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.	Name, Address and Phone Number of Lending Agency			
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.	Name, Address and Phone Number of Lending Agency			
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

3. Are you a co-maker on an outstanding loan? ☐ Yes ☐ No If yes, give details _____

4. Were you or your spouse ever subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

Yes ☐ No ☐ Explain _____

Indicate below **every** civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition
Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition
Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition

5. Have you ever had problems dealing with persons of a different race, ethnic or religious group, gender or sexual orientation?

☐ Yes ☐ No If yes, explain _____

6. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party?

☐ Yes ☐ No if yes, explain _____

7. Have you ever been convicted of any domestic violence offense, which includes a disorderly person or petty disorderly offense? ☐ Yes ☐ No If yes, explain _____

J. ARREST, SUMMONSES, ETC.

1. Have you ever been arrested for or charged with juvenile delinquency? ☐ Yes ☐ No
If yes, explain below:

Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence
Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence
Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence

2. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body? ☐ Yes ☐ No

If yes, give details _____

3. Have you ever received a summons for any violation of the fish and game laws?

☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

4. Have you ever been arrested for, or charged with, a disorderly person's offense or violation of a city ordinance?

☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

5. Have you ever been arrested, indicted or convicted for any violation of the criminal law?

☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

6. Have you ever been held as a material witness? ☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

7. Have you ever been held as a suspicious person or investigated by a law enforcement or private security agency for any reason? ☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

8. Have you ever been fingerprinted? (Exclude only present application with Merchantville Police Department) ☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

9. Have you ever had a criminal record expunged, or been accepted into pre-trial intervention program? ☐ Yes ☐ No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

K. SUBVERSIVE AFFILIATIONS

1. Are you now, or have you ever been, a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means?

☐ Yes ☐ No

2. Are you now, or have you ever been, affiliated, or associated with any of the organizations or groups described in question 1?

☐ Yes ☐ No

3. Are you now associating with, or have you ever associated with, any individual, including relatives, whom you know or have reason to believe are, or have ever been, members of any organization or groups described in question 1?

☐ Yes ☐ No

4. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 1, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 1?

☐ Yes ☐ No

5. Have you ever participated in any of the following activities:

- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, project. Organized or sponsored by any organization or group described in question 1?

☐ Yes ☐ No

- b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 1?

☐ Yes ☐ No

- c. Sale or distribution of any written or printed matter prepared, reproduced, published by any organization or group or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 1 or any of its agents?

☐ Yes ☐ No

6. If your answer is YES to any of the above questions, explain _____

L. MOTOR VEHICLE HISTORY

1. Have you ever received a summons for violation of the Motor Vehicle laws in this state or any other state? (Exclude overtime-parking violations)

☐ Yes ☐ No If yes, insert information below:

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

2. Has your motor vehicle registration, driver's license or other vehicle operator's license ever been revoked in any state or country? ☐ Yes ☐ No ☐ Suspended ☐ Yes ☐ No If yes, which license?

Date _____ Place _____ Reason for revoking _____

3. If answer to previous question is "Yes" was such Registration or Driver's License ever restored?

☐ Yes ☐ No Date _____ Place _____

4. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage? ☐ Yes ☐ No If yes, state details _____

5. If you possess any of the following, complete the information below:

Motor Vehicle Driver's License	State	Issued	Expired

Motor Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

Second Motor Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

Any Other Operator's License	State	Issued	Expired

Any Other Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

6. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by any state other than New Jersey. ☐ Yes ☐ No If yes, give state and Number

M. OTHER INFORMATION

1. Have you ever possessed any pistol permit, firearms permit, firearms ID card, firearms dealer license in this state or any other state, or under federal jurisdiction?

☐ Yes ☐ No Permit Number _____

Firearms Dealer's License Number _____

Issuing Agency _____

2. Have you ever used any illegal drugs? ☐ Yes ☐ No If yes, state details _____

3. Have you ever previously applied for an appointment to the Merchantville Police Department?

☐ Yes ☐ No If yes, give date(s) of when you applied _____

☐ Check if a background investigation was ever conducted on you by the Merchantville Police Department.

4. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Merchantville Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations. Criminal records, traffic violations, residence or otherwise?

☐ Yes ☐ No If yes, give details _____

VOUCHERS

(NOT TO BE SWORN MEMBERS OF MPD OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

Before Signing, the voucher should read carefully all statements made by the applicant. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, the undersigned declare that I am over eighteen years of age, that I have personal knowledge of the applicant for at least one year, that I have read the whole of the forgoing application and believe all the statements are therein to be true. I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER ONE
(Please Print)

Name _____ Business Address & Phone _____
Address _____
City, State, Zip Code _____ Occupation _____
Phone No. (Area Code) _____ How long have you personally known applicant? _____
Is applicant of good character and reputation? _____
Signature _____

VOUCHER TWO
(Please Print)

Name _____ Business Address & Phone _____
Address _____
City, State, Zip Code _____ Occupation _____
Phone No. (Area Code) _____ How long have you personally known applicant? _____
Is applicant of good character and reputation? _____
Signature _____

VOUCHER THREE
(Please Print)

Name _____ Business Address & Phone _____
Address _____
City, State, Zip Code _____ Occupation _____
Phone No. (Area Code) _____ How long have you personally known applicant? _____
Is applicant of good character and reputation? _____
Signature _____

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Merchantville Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military disciplinary and other records and records and information from any source as noted in the duly executed Authorization and Release From.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____ Signature _____
(Sign in Ink)

State of: _____
(Print Name)

County of: _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Signature (Sign in Ink)

Notary Public, My Commission

Expires _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

Signature of applicant made in presence of Officer

Date

Signature of investigating Officer



MERCHANTVILLE POLICE DEPARTMENT

1 WEST MAPLE AVENUE
MERCHANTVILLE, NJ 08109

Phone: (856) 662-0507

Fax: (856) 662-0896



RICHARD J. GRASSIA, JR
Chief of Police

FEDERAL FIREARMS QUALIFICATION INQUIRY

- I. Within seven (7) working days of receipt of this form, you must complete the form and submit it with your employment application. Your responses are needed to determine whether recent amendments to federal firearms laws, 18 U.S.C. 922(g)(9), make it unlawful for you to possess, receive or transport firearms or ammunition. In completing this form, you are advised:
- A. The purpose is to obtain information which will assist in determining whether personnel reassignment or administration action is warranted.
 - B. You have a duty to complete this form. Agency disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply fully and truthfully.
 - C. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of state or federal firearms laws. However, answers you furnish or information or evidence resulting therefrom may be used against you in prosecution for knowingly providing false statements or information, or in agency disciplinary proceedings.
- II. 1. Have you ever been convicted of the following offenses under New Jersey law:
- a. Harassment, N.J.S.A. 2C:33-4b by striking, kicking, shoving.
_____ Yes _____ No
 - b. Simple Assault, N.J.S.A. 2C:12-1a(1) by attempting to or purposely, knowingly or recklessly causing bodily injury.
_____ Yes _____ No
 - c. Simple Assault, N.J.S.A. 2C:12-1a(2) by negligently causing bodily injury to another with a deadly weapon.
_____ Yes _____ No

2. Have you ever been convicted of any offense in any jurisdiction in which the elements include:
- a. Use or attempted use of physical force, or _____ Yes _____ No
- b. Threatened use a of deadly weapon _____ Yes _____ No
3. I you answered yes to any question above, were you, at the time of the offense; the current or former spouse of the victim; the parent or guardian of the victim; a person with whom the victim shared a child in common; a person who was or had in the past cohabitated with the victim as the victim's spouse, parent or guardian; or a person who was similarly situated to a spouse, parent, or guardian of the victim?
- _____ Not Applicable _____ Yes _____ No
4. Has every conviction you have had for an offense listed in question 1 or 2 that was committed against a victim listed in question 3 been either expunged, set aside or pardoned?
- _____ Not Applicable _____ Yes _____ No
5. If your answers are yes, provide the following information with respect to the conviction(s):
- Court/Jurisdiction: _____ Not applicable
- Docket /Case number: _____
- Statue/Charge: _____
- Date Sentenced: _____
6. If your answers are yes: Were you represented by counsel in the case, or did you knowingly and intelligently waive the right to counsel in this case?
- _____ Not Applicable _____ Yes _____ No

III. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action.

Print or type name

Title

Agency/ Department

Date

Signature

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There is no handwriting or other markings on the page.

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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